PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

| | or <u>Fax</u> (5/1)-2/3-2885 | | | | | | | | |
|---|--|-------------------------------|--|---|---|---|-----------------------|------------------|-------------------------|
| | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and fibelitables of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | | |
| | CURRENT CORRESPONDEN 21898 7 | any change of addical) | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| 21898 7590 03/14/2006 ROHM AND HAAS COMPANY PATENT DEPARTMENT 100 INDEPENDENCE MALL WEST PHILADELPHIA, PA 19106-2399 05/12/2006 MGEERENZ 00000068 181850 10548755 | | | JUN 1 2 2006 T | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | | | LISA DAWSON | | (Depositor's name) |
| | | | • | | | | | (Signature) | |
| 01 FC:150 02 FC:150 | | | | | | une 1 | (Date) | | |
| UL 10020 | APPLICATION NO. | FILING DATE | | FIRST NAMED | DIVE | TOR | OR ATTORNEY DOCKET NO | | CONFIRMATION NO. |
| | 10/648,755 | 08/26/2003 | | Paul Brian Adam ABJLIZERS FOR HALOGEN-CO | | | 20 10 20 7711 | | 3739 |
| | APPLN. TYPE | SMALL ENTITY NO | ISSUE F | | PUBLICAT | | N FEE | TOTAL FEE(S) DUE | DATE DUE 06/14/2006 |
| | EXAMINER | | ARTUN | n I | CLASS-SUBCLASS | | LASS |] | |
| | MULCAHY, PETER D | | 1713 | | 252-400100 | | 00 | I | |
| | I. Change of correspondent CFR 1.363). Change of correspon Address form PTO/SB/0 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. | Correspondence | ondence (1) the names of or agents OR, alt | | | ematively, single firm (having as a member a 2, or agent) and the names of up to attorneys or agents. If no name is | | P. Hemenway | |
| | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | |
| | (A) NAME OF ASSIGN | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| | 'Rohm and H | aas Compray | | Philad | lelp | hia | Penus | ylvavia | |
| | Please check the appropriat | e assignee category or catego | ories (will not be pr | | | | | | group entity Government |

Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1850 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Typed or printed name Stephen

4b. Payment of Fee(s):

Payment by credit card. Form PTO-2038 is attached.

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.114. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

4a. The following fee(s) are enclosed:

Publication Fee (No small entity discount permitted)

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty Docket Number: 2543-28-99A

CPH/Id

In re application of

Paul Brian Adams, et al.

: Confirmation No.: 3739

Serial No: 10/648,755

: Group Art Unit: 1713

Filed: 8/26/2003

: Examiner: Peter D. Mulcahy

For: LATENT MERCAPTANS AS MULTI-FUNCTIONAL ADDITIVES FOR

HALOGEN-CONTAINING POLYMER COMPOSITIONS

Mail Stop ISSUE FEE

Commission for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Fax No.: 571-273-2885

CERTIFICATE OF FACSIMILE

Sir:

I hereby certify that the following correspondence is being sent by facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated next to my signature below:

Issue Fee Transmittal (in duplicate)

6-12-06

Date

Signature